

No. 2
5-43
5-17-39
I X36671

FILED JAN 21 1946

1003

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff
(If not in hospital or institution, write street number or location) MEMORIAL

(d) Length of stay: In hospital or institution 14 days
(Specify whether _____)

In this community 20 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1630 OHIO AVE
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) U

If yes, name country _____

3. (a) PRINT FULL NAME Matilda ANN LEONARD

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife CARSON 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased February 24 1881
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>10</u>	<u>20</u>	hr. min.

9. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE-WIFE

MOTHER FATHER

11. Industry or business _____

12. Name FRED DRIESEL

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Carson Leonard

(b) Address 1630 Ohio Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-46
(Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cem.

18. (a) Signature of funeral director A W McLaughlin

(b) Address 230 Lafayette Avenue

19. (a) JAN 14 1946 (Date received local registrar) (b) J. J. Busch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13th
year 1946 hour 12:43 minute P M.

21. I hereby certify that I attended the deceased from 12/31/45
_____, 19____, to 1/13/46, 19____;
that I last saw h. er alive on 1/13/46, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Cardiovascular Disease

Duration _____

Due to _____

Due to _____

Other conditions 93
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

Measles? _____ Injury _____

23. Signature Herbert C. Grady (Date) 1-13-46 (or other) _____

Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *L R Cooper*.....

Licensed Embalmer No. *3633*.....

P. O. Address. *2317 Lafayette Ave*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.